

# Belanger Body Care

4630 200<sup>th</sup> Street S.W. Suite M  
Lynnwood, Washington 98036

## Personal Injury Information

Date: \_\_\_\_\_

**Office Policy:** I understand that I am financially responsible for all services if my Auto Insurance Carrier does not pay. Belanger Body Care will verify that the coverage is available, but it is ultimately my responsibility.

**No Show Policy:** Appointments cancelled or missed without 24 hours notice will be charged \$50.00. The time set aside for your treatment is very important to us and our desire is to help you recover. We can not give your time slot to another patient without the appropriate notification time allowed. Consider that there are many other patients that would love to have your appointment time if you give us enough time to contact them.

## Personal Injury Information Worksheet

Patient Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Self Insured or State L&I : \_\_\_\_\_

Claim # : \_\_\_\_\_

Claim Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Attorney: \_\_\_\_\_

Phone:: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date & Time of Accident: \_\_\_\_\_

In your own words please describe the accident:

---

---

---

---

Did you faint during this injury? Yes \_\_\_ No \_\_\_

Did you see a doctor immediately? Yes \_\_\_ No \_\_\_

Did you wait? Yes \_\_\_ No \_\_\_ If yes:

Why: \_\_\_\_\_ and

How long \_\_\_\_\_

On the next page please circle all areas that are injured and indicate, to the best of your ability, what type of pain you are experiencing.

A = Ache

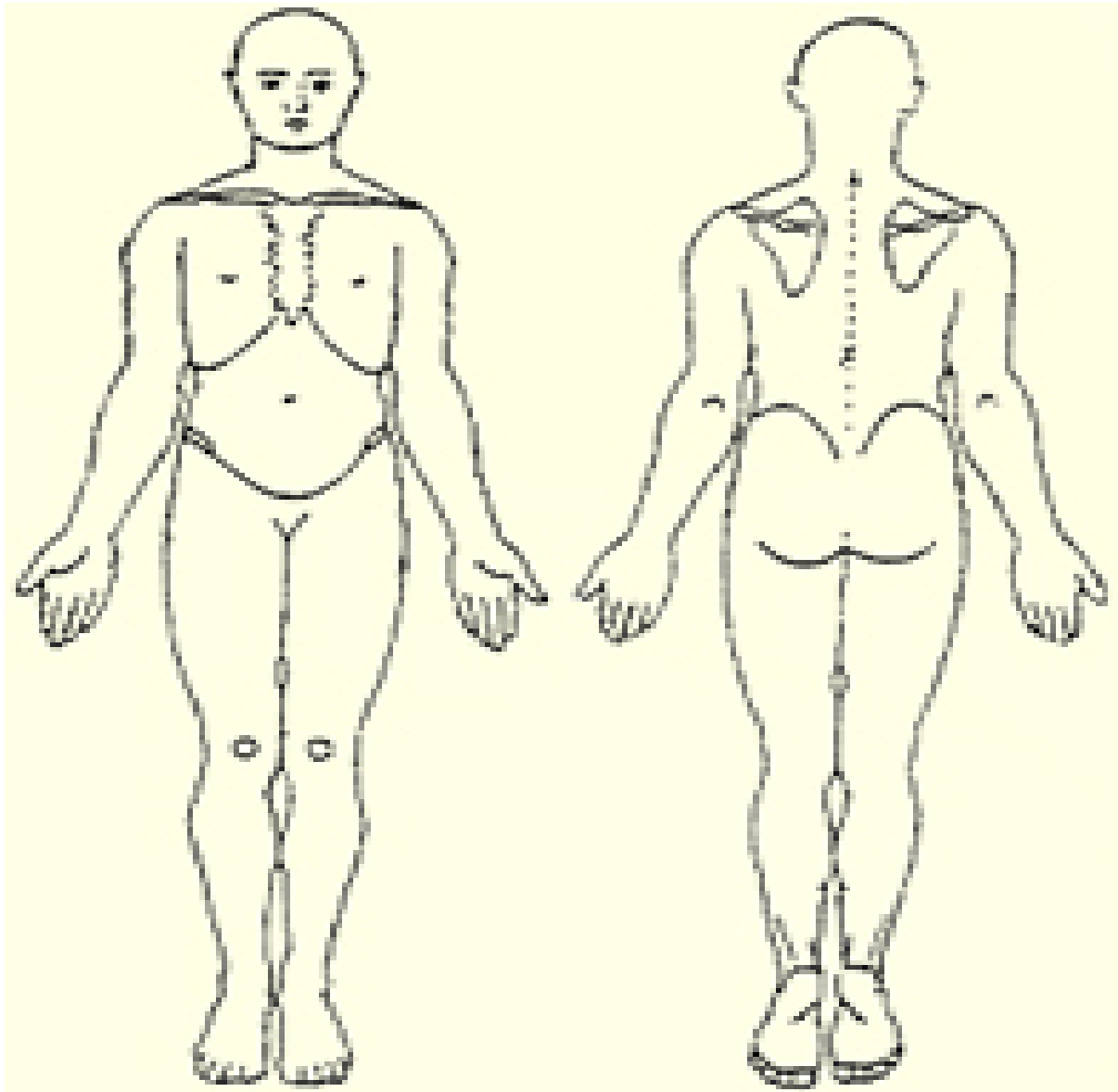
B = Burning

N = Numbness

P = Needles

S = Stabbing

O = Other



Please Rate your pain level – choose the number which best describes your pain.  
 ( 0 = No Pain 10 = Unbearable )

**Neck:** 0 1 2 3 4 5 6 7 8 9 10 **At it's worst**

**Upper Back:** 0 1 2 3 4 5 6 7 8 9 10 **At it's worst**

**Lower Back:** 0 1 2 3 4 5 6 7 8 9 10 **At it's worst**

Are you getting headaches? Yes \_\_\_ No \_\_\_ How often \_\_\_\_\_

How long do they last \_\_\_\_\_

Please describe what the pain feels like and what locations on your head.

( temples, forehead, back of neck, top of head, back of head, behind eyes )

\_\_\_\_\_  
 \_\_\_\_\_